



# ADS CENTER

Resource Center to Address  
Discrimination and Stigma

BRIDGING THE GAP BETWEEN WHERE WE ARE AND WHERE WE NEED TO BE

U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
Substance Abuse and Mental Health  
Services Administration  
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## ***Mental Health News You Can Use...***

### ***March 2005***

This is the seventh installment of the electronic update from SAMHSA's Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center), a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. We invite you to share this information with your friends and colleagues who share your interest in confronting stigma and discrimination associated with mental illness; and to post this information in your own newsletters or listservs.

*The contents of this informational update do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*

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## **March 2005 Spotlight**

**New ADS Center training teleconference, "Decreasing Discrimination and Stigma Associated with Mental Illness in the African American Community," on April 14, 2005.** [This event was rescheduled to occur on May 5, 2005.]

While African Americans, on the whole, experience mental illness in the same proportion as the rest of the U.S. population, they are more likely to obtain late and/or court-ordered treatment, resulting in more severe diagnoses, longer inpatient treatments, and poorer prognoses. Why? A body of mental health research literature suggests that these disparities exist because African American communities lack knowledge about mental illness and how to access early intervention services. The same literature also suggests that myths, stigma, misinformation, and fear unduly influence many African American families away from traditional mental health service providers. On April 14, 2005, the SAMHSA ADS Center will present "Decreasing Discrimination and Stigma Associated with Mental Illness in the African American Community," a training teleconference aimed at exploring mental health stigma and discrimination research among African Americans, and sharing best practices to promote education and combat stigma.

The SAMHSA ADS Center encourages everyone to participate in this second training teleconference of 2005. Look for additional registration and participation information on the ADS Center's web site after April 1, 2005. For information, as well as an archive of previous training teleconference, see the [Trainings](http://www.stopstigma.samhsa.gov/teleconferences.htm) section of the SAMHSA ADS Center web site located at <http://www.stopstigma.samhsa.gov/teleconferences.htm>.

## **Featured Research Articles**

**Thompson, V.L.S., Bazile, A., & Akbar, M. (2004). "African Americans' Perceptions of Psychotherapy and Psychotherapists." *Professional Psychology: Research and Practice*, 35(1), 19-26.**

**From the Abstract:** Do you have a multicultural practice? Do you understand the attitudes and expectations African Americans hold about mental health services? The attitudes and beliefs of 201 African Americans regarding psychotherapists, psychotherapy, and barriers to treatment were explored by means of affordability, lack of trust, impersonal service, and lack of cultural understanding. Participants reported that race should not matter in therapy, but they often believed that psychologists were insensitive to the African American experience. The implications of participants' reports for meeting African American mental health and therapy needs are considered.

## **Additional Research**

Balsa AI, McGuire T.G. & Meredith, L.S. (2005). "Testing for statistical discrimination in health care." *Health Services Research*, 40(1): 227-252. [[NLM/PubMed Abstract](#)]

Cooper-Patrick, L., et al. (1997). "Identification of patient attitudes and preferences regarding treatment of depression." *Journal of General Internal Medicine*, 12(7): 431-438. [[NLM/PubMed Abstract](#)]

Hines-Martin, V., et al. (2003). "Barriers to Mental Health Care Access in an African American Population." *Issues in Mental Health Nursing*, 24: 237-256. [[NLM/PubMed Abstract](#)]

Horwitz A.V., & Reinhard S.C. (1995). "Ethnic differences in caregiving duties and burdens among parents and siblings of persons with severe mental illnesses." *Journal of Health and Social Behavior*, 36(2): 138-150. [[NLM/PubMed Abstract](#)]

Jackson J.S., et al. (2004). "The National Survey of American Life: a study of racial, ethnic and cultural influences on mental disorders and mental health." *International Journal of Methods in Psychiatric Research*, 13(4): 196-207. [[NLM/PubMed Abstract](#)]

Marwaha, S., & Livingston, G. (2002). "Stigma, racism or choice. Why do depressed ethnic elders avoid psychiatrists?" *Journal of Affective Disorders*, 72(3): 257-265. [[NLM/PubMed Abstract](#)]

Snowden, L.R. (2001). "Barriers to effective mental health services for African Americans." *Mental Health Services Research*, 3(4):181-187. [[NLM/PubMed Abstract](#)]

U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. [[Free Publication](#)]

## **Models, Programs, and TA Tools**

### **Delivering Race Equality in Mental Health Care from the UK Department of Health**

#### **From the Executive Summary of this action plan...**

*Delivering Race Equality in Mental Health Care* (DRE) is an action plan for achieving equality and tackling discrimination in mental health services in England for all people of Black and minority ethnic (BME) status, including those of Irish or Mediterranean origin and east European migrants...

The programme is based on three 'building blocks', first proposed in the consultation version of *DRE*:

— **more appropriate and responsive services** - achieved through action to develop organisations and the workforce, to improve clinical services and to improve services for specific groups, such as older people, asylum seekers and refugees, and children;

— **community engagement** - delivered through healthier communities and by action to engage communities in planning services, supported by 500 new Community Development Workers; and

— **better information** - from improved monitoring of ethnicity, better dissemination of information and good practice, and improved knowledge about effective services. This will include a new regular census of mental health patients.

To read *Delivering Race Equality in Mental Health Care* in its entirety, please click [here](#), or select the "Policy and Guideline Publications" shortcut located on the following web site page: <http://www.dh.gov.uk/PublicationsAndStatistics/Publications/fs/en> .

For a review of this action plan, see the following article: Kmietowicz, J. (2005, January 15). "Plan Aims to End Discrimination in Mental Health Services." *BMJ (British Medical Journal)*, 330(7482): 113. [[Free Article Extract](#)]

## *In My Experience...*

### **Fear Is No Longer My Reality by Jamie Blythe**

I have been lucky in life. I played pro basketball in Europe and was a contestant on ABC-TV's very first "Bachelorette" television series. Earlier this year, I published a book, "Fear is No Longer My Reality," about my struggle with anxiety disorder, which makes my achievements seem all the more unbelievable.

That's why it's important that we tell our stories, to help others believe in themselves and keep faith in the future.

There will be times when we are so paralyzed by pain that day-to-day activities halt completely. Our illnesses will seem like an insurmountable wall. We won't see our future beyond it. Our self-esteem will seem shattered and it will be hard to believe that anyone can ever understand what we are going through.

When I was 19, I locked myself in my college dorm room for almost a month, doing anything I could to avoid people and panic, hiding out in the darkness, trembling, and occasionally erupting in hard tears of desolation. My one attempt at help didn't pan out. I went to the university's health center, praying I wouldn't see anyone I knew and that no one would ask me why I was there. When an acquaintance from high school walked by, I catapulted out of the room. I never went back.

When we have been through something traumatic like anxiety disorder or depression, we never really return to being who we were before.

When we find a place that doesn't scare the wits out of us, we tend to stick around. We stay in safe, routine places. But the risk is that we also will get stuck, instead of using changes in us to make us stronger.

On "The Bachelorette," after one embarrassing, awkward scene, televised to millions, I recognized that I was human. Not all of life is perfect. There's not a single person who gets to cruise through life like Joe Cool every day, with no little embarrassments, no skeletons in the closet.

If anxiety was my skeleton, well, I decided to take it out of the closet. It could hold no more shame for me. Panic was one part of who I was, and it turned out to be the thing I was most proud of. Until the show, I had still told only a handful of people about my struggles, but that was about to end.

I told the world that I had panic disorder and that I viewed it as a strength. A huge weight lifted from my shoulders as the words came out.

People now come up to me all the time to share their stories or ask for help. That's what speaking out can do.

One girl in particular made me realize that I did the right thing by sharing my story on national television. I was signing autographs in Orlando. She was 14 years old and had been standing in line. She told me she had been having panic attacks at school and other kids had made fun of her ruthlessly. "When you told your story, it was the first time people understood what I had been going through," she said, and started to sob. For the first time, she no longer felt alone.

Many men wrote to say they were glad, too, that I had spoken out. Men feel extra pressure to be "strong" and believe that psychological problems make them somehow less "macho." We're

allowed to break an arm or tear a ligament, but not feel scared, depressed, or out of control.

As letters poured in, I was proud that I was standing up against stigma. If I had seen a guy like me on television when I was suffering badly, I would have felt less ashamed and less alone.

My anxiety and depression may return. But I know now how to deal with it. I will never forget my fear. Thank God, because I never want to. It's not something I see as shameful. Instead, I am proud that I stood tall against an adversary and chose to go through all the trials to get to where I am today.

If you're going to stand up against your illness, the first thing you need is faith, because it may take time to see you are recovering. Sometimes other people can see we're getting better before we realize it ourselves. The shadows will pass if you choose to fight.

Let's fight together and for each other. Let's throw away the shame and talk to one another without the facades so we can all know none of us is ever alone. Pain may unite us today, but triumph can be our everlasting prize if we help one another find our way out of darkness.

For more information about Jamie's story, visit him at <http://www.jamieblyth.com/>.

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### **About the ADS Center**

SAMHSA's Resource Center to Address Discrimination and Stigma (ADS Center) helps people design, implement and operate programs that reduce discrimination and stigma associated with mental illnesses. With the most up-to-date research and information, the Center helps individuals, organizations and governments counter such discrimination and stigma in the community, in the workplace, and in the media.

Subscribe to receive this update by sending an e-mail to [stopstigma@samhsa.hhs.gov](mailto:stopstigma@samhsa.hhs.gov), or by calling an ADS Center representative at 800-540-0320. To comment on the materials included in this update, please send e-mail to [stopstigma@samhsa.hhs.gov](mailto:stopstigma@samhsa.hhs.gov), or write a letter to Resource Center to Address Discrimination and Stigma Associated with Mental Illness; Informational Updates; 11420 Rockville Pike; Rockville, MD 20852. To unsubscribe from this distribution list using the subscribed e-mail account, click [here](#). To unsubscribe your address from a different e-mail account, send a message to [Majordomo@listserve.shs.net](mailto:Majordomo@listserve.shs.net) with the following command in the message body: unsubscribe stopstigma [Your E-mail Address].

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